STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155625	A. BUILDING 00 B. WING	12/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GROVE VILLAGE	1021 E CENTRAL AVE GREENSBURG, IN47240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00099731. Complaint IN00099731 -- Unsubstantiated due to lack of evidence. Survey dates: December 5, 6, 7, and 8, 2011 Facility number: 000305 Provider number: 155625 AIM number: 100287200 Survey team: Penny Marlatt, RN-TC Diana Sidell, RN Cheryl Fielden, RN (12-5, 12-7 and 12-8, 2011) Census bed type: SNF/NF: 70 Total: 70 Census payor type: Medicare: 10 Medicaid: 49 Other: 11 Total: 70 Sample: 15	F0000	The creation and submission of this plan of correction does not consitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.This provider respectfully requests taht the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Survey Revisit on or after December 28, 2011.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Supplemental sample: 1 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review 12/14/11 by Suzanne Williams, RN			
F0164 SS=D	The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. Based on observation and record review, the facility failed to ensure the confidentiality of a resident's healthcare information as evidenced by a staff	F0164	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1. Resident #65 has displayed no	12/28/2011

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	member discussing the healthcare information of one resident with another resident for 1 of 10 residents observed during 1 of 4 medication passes. (Resident #65) Findings include: During a medication pass observation on 12-6-11 at 11:30 a.m. with LPN #3, she was observed to indicate to Resident #66, "She's [referencing Resident #65] not allowed to go to the bathroom by herself; falls too much and they just put her on new medicines, too." Resident #66 was then observed to indicate, "I didn't know that." A policy entitled, "Confidentiality Policy," with a revision date of 1/1999, was provided by the Director of Nursing Services on 12-8-11 at 11:51 a.m. This policy indicated, "All internal information concerning American Senior Communities and other corporation or business about which American Senior Communities personnel obtain information in the course of their employment must be kept strictly confidential and should not be discussed with any person inside or outside of American Senior Communities except to the extent necessary to perform work for American Senior Communities, nor		evidence of being harmed by the alleged deficient practice. 2. Employee #3 was provided with re-education related to confidentialityHow will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 1. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 2. Staff re-educated on the Confidentiality policy and procedure by DNS/ADNS/SSD on December 28, 2011.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? 1. Staff will be educated on Confidentiality policy and procedures upon hire and ongoing as needed.2. Staff will be re-educated on the Conficdentiality policy and procedure by DNS/ADNS/SSD on December 28, 2011. 3. Non-compliance with facility policy and procedure may result in employee education and/or disciplinary action.4. DNS/ADNS/charge nurse will conduct rounds daily to monitor communication of staff. 5. DNS/designee will monitor for compliance.**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? 1.** A Dignity/Privacy CQI tool will be utilized weekly	

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	should such information be discussed with any person with American Senior Communities where it could be overheard." 3.1-3(o) 3.1-3(p)(2)		times four, monthly times two, and quarterly for one quarter. 2. Data will be submitted to the CQI committee for review. If thresh-hold of 90% is not achieved an action plan may be developed to ensure compliance.	
F0387 SS=E	The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. Based on interview and record review, the facility failed to ensure physician visits were conducted timely, in that residents did not have physician visits every 60 days after the first 90 days. This affected 4 of 13 residents reviewed for timeliness of physician visits in the sample of 15. (Residents #25, 45, 48, and 57) Findings include: 1. Resident #25's record was reviewed on 12/7/11 at 9:55 a.m. The record indicated Resident #25 was admitted with diagnoses that included, but were not limited to, diabetes type 2, mild intellectual disabilities, cataract, renal failure, depression, and anemia.	F0387	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1. No residents were harmed by alleged deficient practice.2. Residents will be seen by December 28, 2011. 3. Medical Records has utilized Matrix, electronic medical record system, by inputting the last physician visit for each individual resident and allowing it to generate the next due date for physicians to track each resident's visits. 4. Medical Records will update Matrix physician visit tracking on each resident with each physician visit. 5. Medical Records sent out notification of non-compliance to each physician and expectation of facility along with new tracking system they will be updated with as needed.How will you identify	12/19/2011

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	Physician's progress notes indicated the nurse practitioner visited on 1/9/11, 2/27/11, 3/26/11, 4/23/11, 5/23/11, 6/26/11, 8/1/11, 9/17/11, 10/23/11, and 11/28/11. No documentation was in the record that indicated the resident had been seen by the physician. 2. Resident #45's record was reviewed on 12/5/11 at 2:50 p.m. The record indicated Resident #45 was admitted with diagnoses that included, but were not limited to, thyroid problems, high blood fats, dementia, heart disease, Alzheimer's disease, and pacemaker. Physician's progress notes indicated the nurse practitioner visited on 1/9/11, 2/27/11, 3/26/11, 4/23/11, 5/23/11, 6/26/11, 8/1/11, 9/17/11, 10/23/11, and 11/28/11. No documentation was in the record that indicated the resident had been seen by the physician. During an interview on 12/6/11 at 4:45 p.m., the Director of Health Services indicated she could not find any documentation that said the physician had been in to see this resident.		other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?1. Residents residing in this facility have the potential to be affected by the alleged deficient practice.2. Medical records personnel will update auditing system in Matrix with every physician visit and notify MDs every other Monday of current due dates.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?1. Medical records personnel will update auditing system in Matrix with every physician visit and notify MDs every other Monday of current due dates.2. A sign-in book is located up at the fron office for signatures of all attending physicians that must be signed prior to treatment to monitor visits to ensure compliance.3. Medical Records sent out notification of non-compliance to each physician and expectation of facility along with the new tracking system that they will be updated with as needed.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?1. Medical records personnel will run Matrix physician report every other Monday and send to physicians to update on next due date.2. A	

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			physician Services CQI tool will be completed weekly for four weeks, monthly for two months, and quarterly for one quarter.3. Data will be submitted to the CQI committee for review. If threshold of 90% is not achieved, an action plan may be developed to ensure compliance.	
	3. Resident #48's clinical record was reviewed on 12-6-11 at 10:17 a.m. Her diagnoses included, but were not limited to, senile dementia, dementia with psychosis, Alzheimer's disease, high blood pressure, transient ischemic attacks (TIA's or mini-strokes), anxiety and depression. Review of the physician visits since September 2010 indicated the primary care physician had documented visits on 9-25-10, 1-15-11, 6-11-11 and 9-10-11. This indicated a lapse of 112 days for the time period 9-25-10 to 1-15-11; a lapse of 147 days for the time period 1-15-11 to 6-11-11; a lapse of 91 days for the time period 6-11-11 to 9-10-11 and a lapse of 87 days for the time period 9-10-11 to the date of the current chart review. In an interview with the Director of Nursing Services on 12-6-11 at 3:50 p.m., she indicated, "We could not find any other doctor's visits other than what you found in the chart. We have a new person			

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	who is tracking the MD's [doctor's] visits." 4. The clinical record of Resident #57's was reviewed on 12-7-11 at 11:45 a.m. Her diagnoses included, but were not limited to mild intellectual disabilities, schizophrenia, bipolar disorder, diabetes, high blood pressure, osteoarthritis, and gastroesophageal reflux disease. Review of the attending physician's visits for the time period November 2010 to the date of the clinical record review indicated there were no visits by the attending physician. This indicated a lack of visits from the attending physician for one year. The clinical record review indicated a nurse practitioner had conducted visits on 1-9-11, 2-27-11, 3-26-11, 4-23-11, 5-23-11, 6-26-11, 8-1-11, 9-17-11, 10-23-11 and 11-28-11. The documentation of the nurse practitioner visits on 2-27-11, 3-26-11, 4-23-11, 5-23-11 and 6-26-11 indicated the physician had initialed the nurse practitioner visit form. In an interview with the Director of Nursing Services (DNS) on 12-8-11 at 11:21 a.m., she indicated, "I could not find any other doctor visits for [name of			

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	Resident #57] other than the nurse practitioner visits that he initialed." A policy and procedure for "Physician Services" was provided by the Director of Health Services on 12/7/11 at 9:15 a.m. The policy included, but was not limited to, "Policy: A qualified physician supervises the healthcare of every resident. Procedure...The attending physician visits at least once every thirty (30) days for the first ninety (90) days after admission, and at least every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required...." 3.1-22(d)(1) 3.1-22(d)(2)			
F0388 SS=D	Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. Based on interview and record review, the facility failed to ensure required physician visits were made by the physician in that all visits were made by a nurse practitioner and not alternated with the	F0388	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?1. No residents were harmed by alleged deficient practice.2. Residents	12/19/2011

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	physician. This affected 3 of 13 residents reviewed for physician visits in a sample of 15. (Residents #25, #45, and #57) Findings include: 1. Resident #25's record was reviewed on 12/7/11 at 9:55 a.m. The record indicated Resident #25 was admitted with diagnoses that included, but were not limited to, diabetes type 2, mild intellectual disabilities, cataract, renal failure, depression, and anemia. Physician's progress notes indicated the nurse practitioner visited on 1/9/11, 2/27/11, 3/26/11, 4/23/11, 5/23/11, 6/26/11, 8/1/11, 9/17/11, 10/23/11, and 11/28/11. A physician's visit was due on 3/26/11 and 8/1/11. No documentation was in the record that indicated the resident had been seen by the physician. 2. Resident #45's record was reviewed on 12/5/11 at 2:50 p.m. The record indicated Resident #45 was admitted with diagnoses that included, but were not limited to, thyroid problems, high blood fats, dementia, heart disease, Alzheimer's disease, and pacemaker.		will be seen by December 28, 2011.3. Medical Records sent out notification of non-compliance to each physician and expectations of facility along with new tracking system they will be updated with as needed.4. Medical records personnel will audit all physician visits/NP visits every 2 weeks and notify MD/NP as needed.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?1. Residents residing in this facility have the potential to be affected by the alleged deficient practice.2. Medical records will monitor for accuracy.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?1. Medical Records personnel will monitor NP/MD visits and notify physicians every 2 weeks of expectations and next visit needs.2. DNS/designee will monitor for compliance.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?1. Medical records personnel will run Matrix physician report every other Monday and send to physicians to update on next due date.2. Medical Records will monitor NP/MD visit rotations every two weeks.3. A Physician Services	

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	Physician's progress notes indicated the nurse practitioner visited on 1/9/11, 2/27/11, 3/26/11, 4/23/11, 5/23/11, 6/26/11, 8/1/11, 9/17/11, 10/23/11, and 11/28/11. A physician's visit was due on 3/26/11 and 8/1/11. No documentation was in the record that indicated the resident had been seen by the physician. During an interview on 12/6/11 at 4:45 p.m., the Director of Health Services indicated she could not find any documentation that said the physician had been in to see this resident. 3. The clinical record of Resident #57's was reviewed on 12-7-11 at 11:45 a.m. Her diagnoses included, but were not limited to mild intellectual disabilities, schizophrenia, bipolar disorder, diabetes, high blood pressure, osteoarthritis, and gastroesophageal reflux disease. Review of the attending physician's visits for the time period November 2010 to the date of the clinical record review indicated there were no visits by the attending physician. This indicated one year without visits from the attending physician.		CQI tool will be completed weekly for four weeks, monthly for two months, and quarterly for one quarter.Data will be submitted to the CQI committee for review. If threshhold of 90% is not achieved, an action plan may be developed to ensure compliance.	

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	The clinical record review indicated a nurse practitioner had conducted visits on 1-9-11, 2-27-11, 3-26-11, 4-23-11, 5-23-11, 6-26-11, 8-1-11, 9-17-11, 10-23-11 and 11-28-11. The documentation of the nurse practitioner visits on 2-27-11, 3-26-11, 4-23-11, 5-23-11 and 6-26-11 indicated the physician had initialed the nurse practitioner visit form. In an interview with the Director of Nursing Services (DNS) on 12-8-11 at 11:21 a.m., she indicated, "I could not find any other doctor visits for [name of Resident #57] other than the nurse practitioner visits that he initialed." A policy and procedure for "Physician Services" was provided by the Director of Health Services on 12/7/11 at 9:15 a.m. The policy included, but was not limited to, "Policy: A qualified physician supervises the healthcare of every resident. Procedure...The attending physician visits at least once every thirty (30) days for the first ninety (90) days after admission, and at least every 60 days thereafter...The physician may alternate between personal visits and visits by a physician assistant, or nurse practitioner after the initial visit..."			

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	3.1-22(d)(3) 3.1-22(d)(4) 3.1-22(f)(1) 3.1-22(f)(2)			
F0425 SS=E	The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on observation, interview, and record review, the facility failed to ensure the accurate administration of medication, related to the administration of eye drops and documentation of administration of medication prior to administering the medication. This affected 4 of 10 residents observed during 3 of 4 medication passes. (Residents #A, 49, 53, and 57) Findings include:	F0425	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?1. Resident #57 was not harmed by alleged deficient practice.2. Employee #1 was provided with re-education related to accuracy of eye drop administration.3. Employee #2 was provided with re-education related to signing off the MAR prior to administration.4. Staff are now waiting the appropriate 3 to 5 minutes between eye drops.5. Medications are administered prior to initialing in MAR.How will you identify other	12/28/2011

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	1. During a medication administration observation on 12/7/11, beginning at 8:52 a.m., LPN #5 was observed as she prepared medications for Resident A. LPN #5 prepared 11 medications for Resident #A and initialed the medications as given on the medication administration record (MAR) before administering the medications to Resident #A. 2. During a medication administration observation on 12/8/11 at 8:25 a.m., RN #2 was observed as she prepared medications for Resident #49. RN #2 prepared 5 medications for Resident #49 and initialed the medications as given on the MAR before administering the medications to Resident #49. RN #2 indicated she liked to sign the medications off as she goes to keep track of what she's got. RN #2 then prepared one "as needed" medication for Resident #53 and initialed the medication as given prior to administering the medication to Resident #53. RN #2 continued the medication pass and prepared 11 medications for Resident #A and initialed the medications as given on the MAR before administering the medications to Resident #A.		residents having the potential to be affected by the same deficient practice and what corrective action will be taken?1. Residents residing in the facility have the potential to be affected by the alleged deficient practice.2. Residents receiving medications have the potential to be affected by the alleged deficient practice.3. DNS/ADNS re-educated staff on medication administration, not signining off MAR prior to administration, and proper wait time between eye drops on December 28, 2011 with Post-test provided to assess education.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?1. Staff re-educated on medication administration and documentation upon hire and ongoing thereafter.2. Non-compliance with facility policy and procedure may result in employee education and/or disciplinary action.3. Pharmacy consultant will audit staff for proper medication administration monthly for 6 months.4. DNS/designee will utilize a Medication Administration skills, validation tool to monitor each nurses' medication administration within the first two weeks.5. DNA/designee will monitor for compliance.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality	

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	155625	A. BUILDING 00 B. WING	12/08/2011

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	3. During a medication pass observation on 12-5-11 at 4:38 p.m. with LPN #1, she was observed to administer one drop of Artificial Tears into each eye of Resident #57 at 4:42 p.m. At 4:44 p.m., LPN #1 was then observed to administer one drop of Patanol 0.1% Ophthalmic Solution into each eye of Resident #57. This indicated a time lapse of 2 minutes between the different eye drops. Resident #57's record was reviewed on 12/07/11 at 11:45 a.m. The current physician orders for Resident #57 indicated Artificial Tears Opthalmic Solution, administer one drop in each eye four times daily and indicated Patanol 0.1% Opthalmic Solution, administer one drop in each eye twice daily, before breakfast and before supper. In interview with LPN #1 on 12-5-11 at 4:49 p.m., she indicated, "We're to wait at least one minute between eye drops." A policy for "Medication Pass Procedure", with a last review date of 2/2011, was provided by the Director of Nursing Services (DNS) on 12-7-11 at 12:17 p.m. The policy indicated, but was not limited to: "...Med Administration will be recorded on the MAR (Medication Administration Record) or TAR (Treatment Administration Record) after		assurance program will be put into place?1. DNA/designee will utilize a Medication Administration skIls validation tool three times a week for two weeks and once a month for six months.2. Pharmacy consultant will audit staff for proper medication administration monthly for six months.3. Results of skills validation tools and pharmacy consultant audit will be reported to the CQI committee on a monthly basis for six months.4. If any errors found will develop an action plan.5. DNS/designee will review audits and initiate action plan as needed.	

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	given...." This policy also indicated, "Eye drop [sic] separated 3-5 minutes to allow proper absorption." Review of another procedure, entitled, "Instilling Eye Drop(s)," provided by the DNS on 12-7-11 at 12:17 p.m. with an activation date of 2/2010, indicated, "Waits [sic] 1 minute between drops and 5 minutes between different drops." 3.1-25(a) 3.1-25(b)			

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F0441 SS=D	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observation, interview and record review, the facility failed to ensure routine and appropriate use of hand washing and glove use: - with a resident who received a dressing	F0441	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?1. Residents #47 and #A were not harmed by alleged deficient	12/28/2011

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	change with a gastrostomy tube, then received a gastrostomy medication administration and then received oral hygiene. - with dispensing of medication from a bubble packaging system into a staff member's bare hand prior to administration to a resident. - with care involving opening of sterile packaging to be used in the suctioning of a resident with a tracheostomy. These deficient practices affected 3 of 10 residents observed during 2 of 4 medication passes. (Residents #47, #40, and #A) Findings include: 1. During a medication pass observation on 12-5-11 at 4:17 p.m., LPN #1 was observed to remove a dressing from around Resident #47's gastrostomy tube with gloved hands and then cleanse the area with a gauze pad moistened with tap water. She then proceeded to open a sterile package of a dressing and then placed it around the GT site without washing her hands or changing gloves. She then continued care to Resident #47 by removing the gloves and without washing or sanitizing her hands to prepare and administer 10 milliliters of Abilify liquid (1 milligram per milliliter strength) for a total of 10 milligrams of the		practice.2. Employee #4 and Employee #5 were provided with re-education related to hand washing.3. Staff now utilizing proper hand washing techniques per facility policy.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?1. Residents residing in the facility have the potential to be affected by the alleged deficient practice.2. DNS/ADNS re-educated staff on Infection Control/Hand washing on December 28 2011.What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?1. Staff educated on hand washing policy and procedures upon hire and ongoing as needed.2. Non-compliance with facility policy and procedure may result in employee education and/or disciplinary action.3. Hand washing skills validation will be utilized for check offs on all staff at the inservice on December 28, 2011.4. DNS/ADNS/designee will conduct rounds on a daily basis to ensure appropriate hand washing/infection control techniques.5. DNS/designee will monitor for compliance.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?1. An infection	

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	medication. After completing this task, she removed the gloves. Without washing or sanitizing her hands or putting on gloves, she proceeded to administer oral hygiene to the resident with moistened swabs. 2. During a medication pass observation on 12-7-11 at 8:24 a.m., LPN #4 was observed to dispense two acetaminophen 325 milligram tablets and one Cymbalta 60 milligram capsule into her bare hand from a bubble packaging system prior to placing these medications into a medication cup for Resident #40. In interview with LPN #4 on 12-7-11 at 8:24 a.m., she indicated, "I know we're not supposed to pop them [medications] into your hand, but some of the packaging makes it hard not to do that." 3. During a medication pass observation on 12-7-11 at 8:52 a.m., LPN #5, who was also being observed by the Assistant Director of Nursing Services, was observed to administer a breathing treatment to Resident #A. She was observed at 9:13 a.m. to obtain the nebulizer tubing from a plastic bag without washing or sanitizing her hands or the use of gloves to place the medication into the nebulizer cup. At 9:43 a.m., LPN #5 had obtained several		Control CQI tool will be utilized weekly times four, monthly time two, and quarterly for on quarter.2. Data will be submitted to the CQI committee for review. If threshhold of 95% is not achieved an action plan may be developed to ensure compliance.	

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	supplies in preparation to clean Resident #A's tracheostomy tube and to suction the resident. At this time, without washing her hands after completing the nebulizer treatment, she started to open a sterile package of a suction catheter and gloves. LPN #5 was stopped by the observer after she laid the sterile package down and as she began to open the sterile package. LPN #5 then washed her hands and resumed opening the sterile package and to suction the resident's tracheostomy. LPN #5 was observed to write notations in ink onto her left palm after checking the resident's oxygen saturation levels throughout the nebulizer/breathing treatment. A policy entitled, "Handwashing," with an activation date of 7/2008, was provided by the Director of Nursing Services (DNS) on 12-7-11 at 12:17 p.m. This policy indicated, "Handwashing is the single most important factor in preventing transmission of infections...All health care workers shall wash their hands frequently and appropriately...Health Care Workers shall wash hands...Before/after preparing /serving meals, drinks, tube feedings, etc...Before/after having direct physical contact with residents...After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes,			

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	specimens, resident equipment..." A policy entitled, "Implementing Standard Precautions," with an activation date of 7/2008 was provided by the DNS on 12-8-11 at 11:51 a.m. This policy indicated, "Wear gloves when it can be reasonably anticipated that hands will be in contact with mucous membranes, non-intact skin, and/or moist body substance OR surfaces soiled by them. Change gloves between residents...Gloves are not a cure-all. Gloves reduce the likelihood of contaminating hands...Dirty gloves are worse than dirty hands -- microorganisms adhere to the glove better than to the skin. HCW MUST NOT handle medical equipment, devices with contaminated gloves...Change gloves between different residents, or different body sites of the same resident." A procedure entitled, "Enteral Tube Medication Administration," with an activation date of 2/2010 was provided by the DNS on 12-7-11 at 12:17 p.m. This policy indicated to begin the medication administration with handwashing and application of gloves and to end the medication administration with removal of gloves, followed by handwashing. A procedure entitled, "Suctioning--Tracheostomy Tube," with an activation			

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	date of 2/2010 was provided by the DNS on 12-8-11 at 11:51 a.m. This policy indicated to begin the procedure with handwashing and application of gloves and to end the procedure with removal of gloves, followed by handwashing. 3.1-18(l)			